

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024255

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 67

FILED JUN 26 1962

VS 300
Rev. 4/59

10890

20170

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DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY RAY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CARROLL	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN RICHMOND TWP. MO.		c. CITY OR TOWN Norborne	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION RAY COUNTY MEADOW HARBOR		d. STREET ADDRESS (If outside, give location) RFD.	
3. NAME OF DECEASED (Type or print) First John Middle EDWARD Last HERRIMAN		4. DATE OF DEATH Month JUNE Day 16 Year 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-6-1898
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER.		10b. KIND OF BUSINESS OR INDUSTRY ✓	
11. BIRTHPLACE (City and state or country) Chillicothe Mo.		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME E. B. HERRIMAN.		13b. MOTHER'S MAIDEN NAME LUCY DISGLEMAN.	
14. NAME OF husband OR WIFE ALMA L. CANTON HERRIMAN.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. no		17. INFORMANT MRS ALMA HERRIMAN, Norborne, Mo	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis 2 wks Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N: <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 1961 to death and last saw her alive on June 15, '62 Death occurred at 7:55 A on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Richard M. Bogard		22b. ADDRESS Richmond, Mo 6-18-62	
22c. DATE SIGNED June 18-1962		23. NAME OF CEMETERY OR CREMATORY ANTIOCH CEMETERY	
23a. BIRTH, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-18-1962	
23c. LOCATION (City, town, or county) Norborne, Mo.		23d. (State)	
24. FUNERAL DIRECTOR Hickerson & Rice		25. DATE RECD. BY LOCAL REG. 6-18-1962	
26. REGISTRAR'S SIGNATURE Malcolm Jackson			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

JUN 28 1962
OCT 28 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *P. M. Marshall, Jr.*

Licensed Embalmer No. 44690

P. O. Address *Capra Station Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.